



LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

October 22, 2013

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Roadhouse Bar & Grill, 1501 Center Park Road requesting a class I liquor license.

Timothy Rowland has purchased this business and requests that he be approved as the manager of the liquor license.

Timothy Rowland is a previously approved liquor license holder and his background information is available on request.

The required training was completed on April 4th 2011.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Roadhouse Bar and Grill
 Street Address #1 1501 Center Park Road, #300^{Suite}
 Street Address #2 _____
 City Lincoln County Lancaster (02) Zip Code 68512
 Premise Telephone number (402) 420-6262 E-mail timrowland@ppg.com

Is this location inside the city/village corporate limits:

☒ YES

☐ NO

Mailing address (where you want to receive mail from the Commission)

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Name Tim Rowland

OCT 15 2013

Street Address #1 P.O. Box 22731

NEBRASKA LIQUOR

Street Address #2 _____

CONTROL COMMISSION

City Lincoln

State NE

Zip Code 68542

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

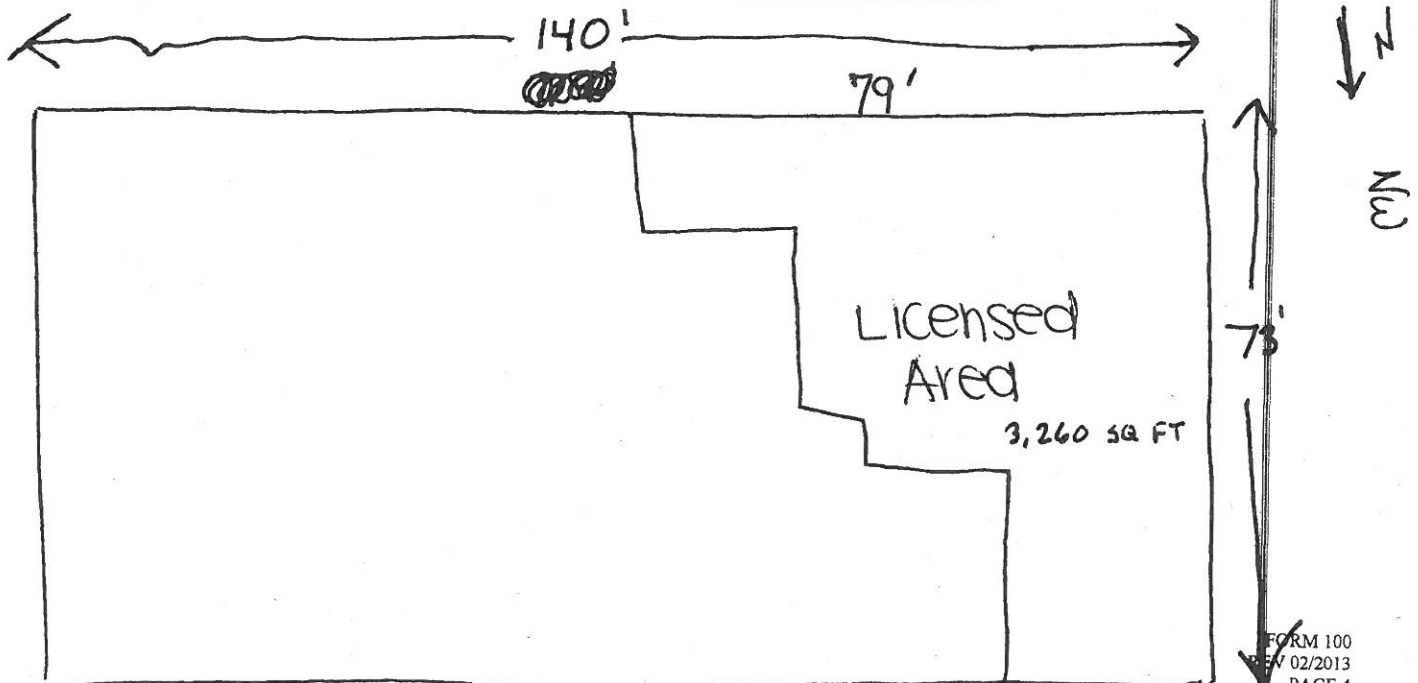
****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 79 feet **LICENSE AREA**
 Width 73 feet

Is there a basement? Yes ☐ No ☒

Single Story

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



One story bldg approx 73' x 79'

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

MUST BE:

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: Small Town Bar Incorporated

Premise information

Liquor License Number: New App.
(if new application leave blank)

Class Type I

Premise Trade Name/DBA: Roadhouse Bar and Grill

Premise Street Address: 1501 Center Park Road #300

City: Lincoln County: Lancaster Zip Code: 68512

Premise Phone Number: (402) 420-6262

Email address: timrowland@pga.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.
http://www.lcc.ne.gov/license_search/licsearch.cgi

Applicant
SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Rowland First Name: Tim MI: L

Home Address (include PO Box if applicable): PO 727 W. Jennifer Road

City: Lincoln County: Lancaster Zip Code: 68521

Home Phone Number: (402) 416-2605 Business Phone Number: (402) 420-6262

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Colorado Springs, CO

Email address: timrowland@pga.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

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Spouse's information

NEBRASKA LIQUOR
CONTROL COMMISSION

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	2001	Present			

CERTIFICATION OF VITAL RECORD

STATE OF COLORADO

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

HOLD TO LIGHT TO VIEW WATERMARK

STATE FILE NUMBER

NAME OF REGISTRANT

TIMOTHY LEE ROWLAND

DATE AND TIME OF BIRTH

11:08 A.M.

CITY OF BIRTH

SECURITY

MOTHER'S MAIDEN NAME

VIRGINIA LEE LISS

MOTHER'S PLACE OF BIRTH

NEBRASKA

MOTHER'S AGE

23

DATE FILED

NOVEMBER 23. 1964

SEX

MALE

COUNTY OF BIRTH

EL PASO

FATHER'S NAME

JIMMY DEE ROWLAND

FATHER'S PLACE OF BIRTH

NEBRASKA

FATHER'S AGE

24

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NEBRASKA LIQUOR
CONTROL COMMISSION

DATE ISSUED

MARCH 25. 2003

Ronald S. Hyman

RONALD S. HYMAN
STATE REGISTRAR

THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS AS RECORDED IN THIS OFFICE.

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

REV 03/03

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

X Last Name: ROWLAND First Name: TIMOTHY MI: L

Social Security Number _____ Date of Birth: _____

Title: OWNER / PRESIDENT Number of Shares 1,000

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

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Last Name: _____ First Name: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____